



K H P A M E D I C A L P L A N S

HCBS and WORK Prior Authorization Plan of Care User Manual

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VERSION 2.0

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Section 1: Introduction

Overview

Welcome to the KHPA Medical Plans Home and Community Based Services (HCBS) and Work Opportunities Reward Kansans (WORK) plan of care (POC) prior authorization (PA) interChange Medical Management Information System (MMIS). This system is used to electronically enter and approve waiver services for HCBS and plan of independence services for WORK to allow payment of claims. It is accessed through the Kansas Medical Assistance Program (KMAP) website and used to authorize services. This training material is specifically for HCBS and WORK users and approvers.

The interChange MMIS is linked to the electronic eligibility and payment system used by the KHPA Medical Plans to process claims. Because the systems are linked, interChange MMIS can pull information from beneficiary SRS eligibility files. This information includes beneficiary names and eligibility, provider names and numbers, procedure code descriptions and pricing. Claims must be submitted according to the KMAP provider manuals for HCBS waiver and WORK services.

Instructions and helpful tips are also included for using the interChange MMIS, as well as waiver specific information, solutions to common problems, and methods for making changes.

Before Signing On

Usually, the cursor automatically appears in the field so the user can start typing.

Buttons appear on each window for options, such as saving information and exiting.

Shaded fields cannot be updated so the cursor does not stop in these fields.

Once at the **Plan of Care** window, remember to either **tab** or use the mouse to move from field to field. Using the **Enter** key on the keyboard may delete data that was just entered.

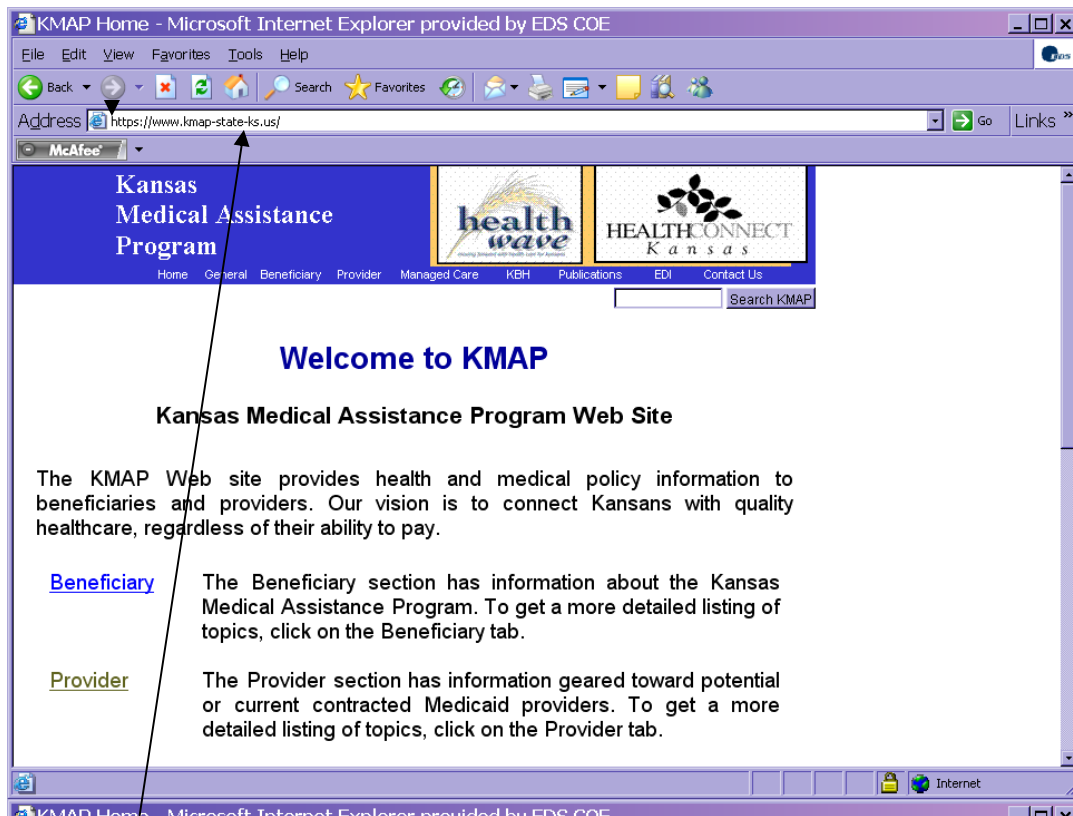
Section 2: Logging In To the Website

KMAP Welcome Window

The only way to access the POC system is through the KMAP website.

Using any Internet service provider, enter the KMAP website address,
<https://www.kmap-state-ks.us>.

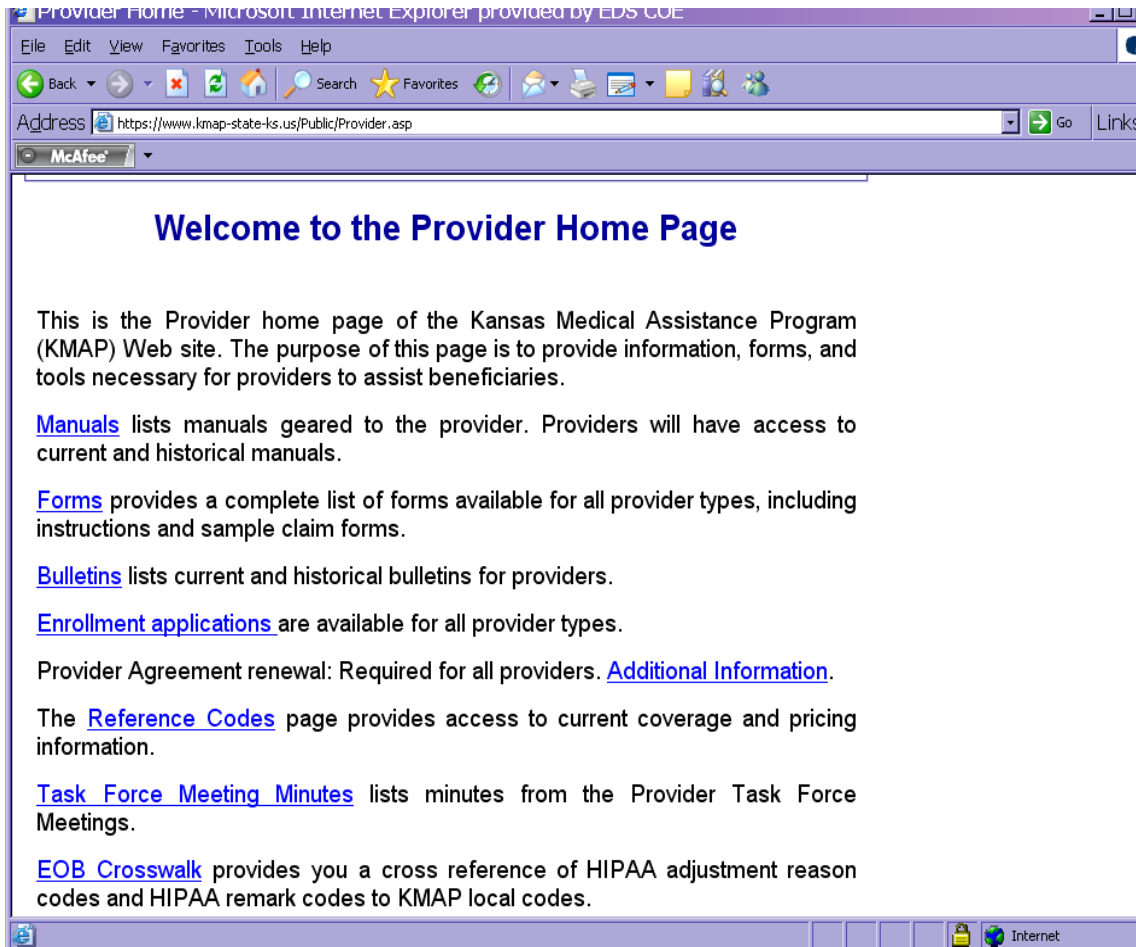
The following window appears:



For your convenience, click on the website address at the top of the window and drag it to your desktop to create a KMAP icon. This allows quick and easy access to the KMAP website.

Click **Provider** on the left. The **Provider Home Page** window appears.

Provider Home Page



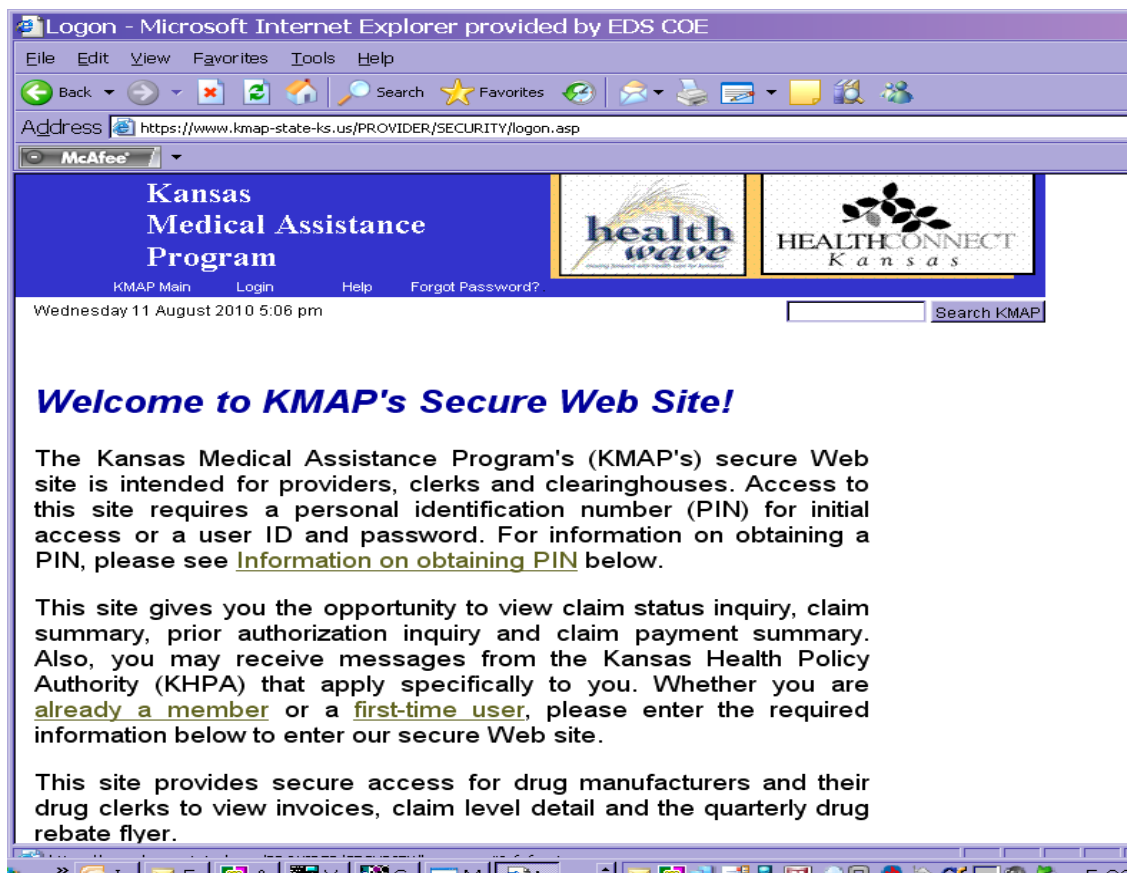
A variety of information is available from this window including:

- Provider manuals
- Bulletins
- Provider enrollment forms
- Ancillary documentation
- Task Force meeting minutes
- HIPPA EOB crosswalk
- National provider identifier
- The interChange MMIS login
- Frequently asked questions
- Provider's rights to an appeal information

Providers can access information at any time.

For purposes of using the POC system, click **MMIS Login** and the KMAP secure website login page appears.

Login Window



If you have received a user identification (ID) and temporary password from the fiscal agent, enter that information in the “**Already a Member?**” section. The login ID and password are case sensitive. Use upper-case letters for the user ID and lower-case letters for the password. If you have not received a user ID, follow the instructions to contact the fiscal agent before proceeding.

Once the user ID and password have been entered, click **Log On**.



The initial password is a one-time password, and you are immediately prompted to change it. Click **OK**.

Account Maintenance

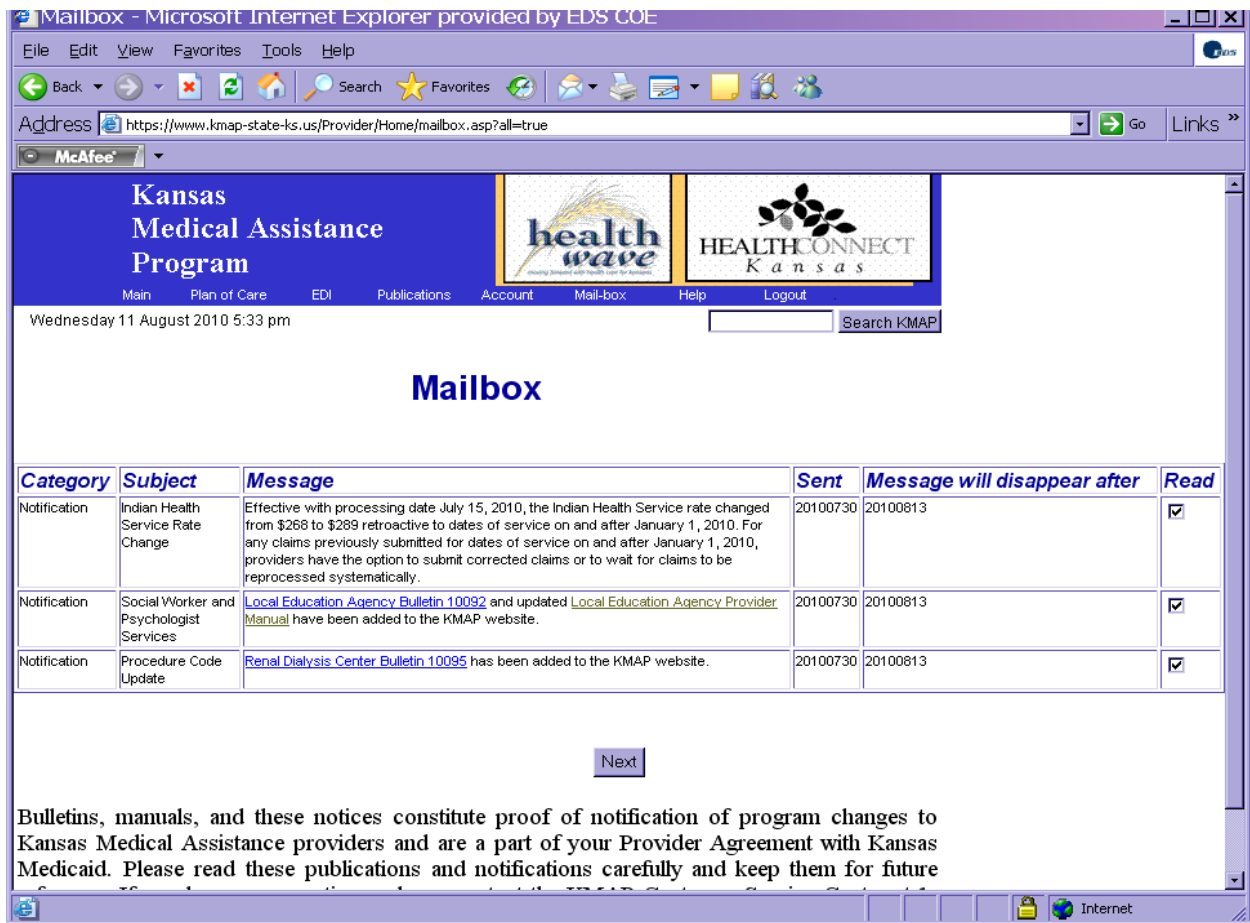
The screenshot shows a web browser window titled "Account Maintenance - Microsoft Internet Explorer". The address bar displays "https://www.kmap.state-ks.us/provider/Account/webUserWrite.asp". The page header includes the "Kansas Medical Assistance Program" logo, a "health wave" logo, and a "HEALTHCONNECT Kansas" logo. A banner at the top right states "We offer Medicaid services to the public." Below the header, the page title "Account Maintenance" is displayed in large blue text. The user ID "N00000" is shown in bold. The "User Profile" section contains a form with the following fields: "User Name" (N00000), "New Password" (empty), "Confirm Password" (empty), "Security Level" (External Agency), "Status" (Expired Password), "Last Logged On" (11/05/2003), "Contact Name" (Your name here), "Email" (empty), "Phone Number" (empty), "1st Secret Question" (empty), "1st Answer" (empty), "2nd Secret Question" (empty), and "2nd Answer" (empty). A "Submit" button is located to the right of the form. The browser's status bar at the bottom shows "Internet Explorer".

User Profile			
User Name	N00000	New Password	
Security Level	External Agency	Confirm Password	
Status	Expired Password	Last Logged On	11/05/2003
Contact Name	Your name here	Phone Number	
1st Secret Question		1st Answer	
2nd Secret Question		2nd Answer	

The **Account Maintenance** window allows you to change your password and update the user ID information.

Click **Submit**.

The Mailbox



When the login sequence is complete, the window above automatically appears. It displays any new messages received and creates a bulletin board for important messages from the Kansas Department of Social and Rehabilitation Services (SRS) and KHPA. These messages are informational, read-only messages and not specific to any POC.

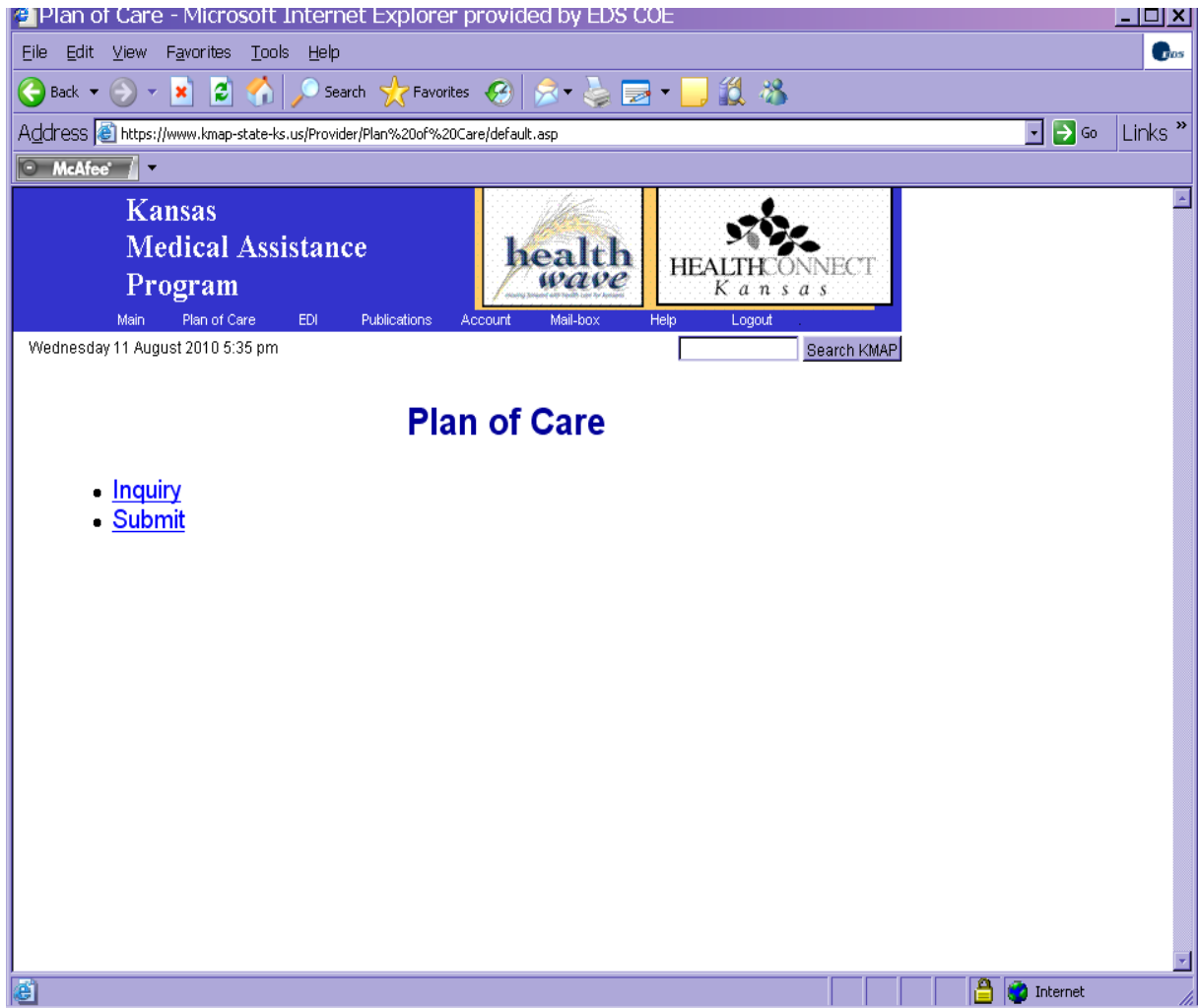
When **Mail-box** is selected from the menu bar, the title of the window changes to **Mailbox** with all the current messages displayed.

Click **Next**.

Notes

Section 3: Submitting a New Plan of Care (POC)

POC



From the **Plan of Care** window, click **Submit**.

Note: For reviewing, changing and updating all existing POCs, click **Inquiry**. For all beneficiaries with new POCs, click **Submit**. Also click **Submit** for all annual POCs entered for MRDD.

POC Maintenance

User IDs are tied to agency codes. You are only able to access the POCs that have your agency's code in the **Agency** field. Use the down arrow to choose the user ID for this field. The **Name** and **Telephone** fields automatically fill.

To select an agency, click the down arrow in the **Agency** field. Most agencies have only one option in this field. These choices are based on the case manager's affiliation with an agency. After choosing the agency, the **Provider ID**, **Name** and **Agency Phone** fields automatically fill.

Tab to the **Beneficiary ID** field and enter the number that is listed on the beneficiary's medical card. **Tab** and the **Date of Birth**, **Sex**, **Last Name**, **First Name**, **Middle Init.**, **Living Arrangement**, **Level of Care** and **SSN** fields automatically fill. The **Eligibility** field also automatically fills with the correct benefit plan (or plans) and effective dates. This information comes from the SRS eligibility file. For a description of benefit plans, refer to *Appendix B: Benefit Plans*.

The cursor is now in the **Program** field. Click the down arrow. Select the assigned HCBS or WORK program.

Tab to Deinstitutionalized or Diverted and check the appropriate box. **Diverted** is the default setting for this field. Use **Deinstitutionalized** for beneficiaries who were in an institution immediately before entering services. This does not include planned brief stays. Use **Diverted** for beneficiaries entering services from the community.

Tab to Type of Review field and click the down arrow. Select the appropriate type of review: **I**-Initial, **A**-Annual or **R**-Revised.

Field Descriptions

- **Case Manager**—The ID number for the case manager assigned to the POC.
- **Name**—Automatically fills with the name of the case manager assigned to the POC.
- **Telephone**—Automatically fills with the phone number for the case manager assigned to the POC.
- **Agency**—The code that represents the responsible agency for this POC.
- **Provider ID**—Automatically fills with the provider ID number corresponding with the responsible agency for this POC.
- **Name**—Automatically fills with the name of the agency responsible for this POC.
- **Agency Phone**—Automatically fills with the responsible agency's phone number.
- **Beneficiary ID**—The ID number for the beneficiary.
- **Program**—The assignment code that identifies the HCBS waiver or WORK program.
- **Date of Birth**—Automatically fills with the beneficiary's date of birth listed on the SRS eligibility file.
- **Sex**—Automatically fills with the beneficiary's sex code listed on the SRS eligibility file.
- **Deinstitutionalized**—Check for beneficiaries who were in an institution immediately prior to entering HCBS waiver or WORK services.
- **Diverted**—Check for beneficiaries who are entering HCBS waiver or WORK services from the community.
- **Last Name**—Automatically fills with the beneficiary's last name from the SRS eligibility file.
- **First Name**—Automatically fills with the beneficiary's first name from the SRS eligibility file.
- **Middle Init.** —Automatically fills with the beneficiary's middle initial from the SRS eligibility file.

- **Living Arrangement**—Automatically fills with the living arrangement code from the SRS eligibility file.
- **Level of Care**—Automatically fills with the level of care code from the SRS eligibility file.
- **SSN**—Automatically fills with the beneficiary’s Social Security number from the SRS eligibility file.
- **Eligibility**
 - o **Benefit Plan**—Reference *Appendix B: Benefit Plans*.
 - o **Effective Date**—The start date of the benefit plan.
 - o **End Date**—The end date of the benefit plan.
- **Type of Review**
 - o **I** is used for the initial POC for a beneficiary. (**I** is used once per beneficiary.)
 - o **A** is used for the regularly scheduled annual reassessment of the beneficiary.
 - o **R** is used to make revisions at any time other than the initial or annual POC.
- **Reviewer**—The ID of the person who is assigned to review the POC.

Indicators

Use the scroll bar on the right-hand side to find the indicator questions.

The **Indicators** field contains questions specific to each program. If the answer to a question is “Yes,” click the box. If the answer to a question is “No,” leave the box blank. It is important to always view these questions because they may change.

The **Status** field will be gray because it cannot be updated by a case manager. This field is only available to HCBS and WORK approvers.

The **Monthly Cost** box automatically fills when the POC is completed.

The **Total Client Obligation** box automatically fills based on information received from the SRS eligibility file. This is the most current information from the eligibility worker. You may not have received a notice from the eligibility worker yet because this field updates as soon as the SRS staff authorizes the client obligation change. Once it has been updated, all claims suspend until the new amount is assigned on the POC.

Note: At the time SRS staff updates the client obligation in the eligibility files, all claims for that time frame deny until the POC is updated with the new client obligation.

Field Descriptions

- **Indicators**—Any questions specific to the selected waiver or program.
- **Status**—The current status of the POC.
- **Monthly Cost**—Automatically fills with the total monthly cost of the plan.
- **Total Client Obligation**—Automatically fills with the beneficiary's client obligation amount from the SRS eligibility file.

Line Items

The screenshot displays a web application interface for managing Line Items. At the top, there's a browser window showing the URL 'http://128.212.225.201/Provider/plan%20of%20care/maint.asp'. Below the browser window, the 'Line Items' section is visible. It contains a table with the following columns: Item, Procedure, Modifiers, Req Effective, Req End, Units, Dollars, and Servicing Provider. To the right of the table are 'Add' and 'Remove' buttons. Below the table, there's a form for entering service details. The form includes fields for Item, Procedure, Modifiers, Effective Date, End Date, Units, Dollars, Requested, Authorized, and Servicing Provider. The 'Requested' and 'Authorized' fields have dropdown arrows next to them.

To continue moving down the POC, use the scroll bar on the right-hand side of the window and move to the **Line Items** section.

The top box in the **Line Items** section summarizes services as they are added. Use the lower box to enter all authorized services.

In the **Procedure** field, type in the HCBS or WORK procedure code. As you type, the information appears in the **Line Items** field above.

Tab through the **Modifier** fields and enter modifiers where appropriate.

Tab to the **Requested Effective Date** field and type the service start date in mm/dd/yyyy format. Clicking the down arrow next to this field causes a calendar for the current month to display. Clicking on a date automatically fills the **Effective Date** field.

Tab to the **End Date** field and repeat the steps outlined above. MRDD users must enter the last day of the beneficiary's birth month. Waivers use the end date of 12/31/2299. WORK users enter a one-year time period.

HOW TO ENTER UNITS/DOLLARS

Enter **Units** when the interChange MMIS is set to allow a specific amount for one unit of service. **Units** are used for all HCBS and WORK services except those noted below.

Dollars are used when the amount allowed is calculated by a negotiated rate. Use **Dollars** when the procedure code is based on a dollar amount allowed on the POC.

- MRDD–Home Modification
- MRDD–Vehicle Modification
- MRDD–Specialized Supplies, not otherwise specified
- MRDD–Specialized Medical Equipment
- PD–Personal Services
- PD–Assistive Technology
- HI–Personal Services
- HI–Assistive Technology
- TA–Home Modification
- WORK–Assistive Services

Both **Units** and **Dollars** should be used when the amount is calculated by tier level:

- MRDD–Habilitation Residential
- MRDD–Day Habilitation
- MRDD–Attendant Care

In this case, enter the monthly unit total in the **Units** field and enter the unit price (tier level rate) in the **Dollars** field.

Tab to **Units**. When appropriate, enter the amount of units being requested for this procedure code for a one-month time period using the above requirements.

Tab to Dollars. When appropriate, enter the dollar amount.

Tab to the Payment Method field. Use the drop-down arrow and choose the corresponding payment method.

- **Units–Pay System Calculated Price**
- **Dollars–Cap Amount**
- **Units and Dollars–Pay PA Unit Fee**

Tab to the Servicing Provider field and enter the nine-digit provider number of the provider performing this line item procedure. **Tab** to the next box to enter the provider's alpha location code in upper-case.

To add additional services, highlight the last entry in the **Line Items** box. Click **Add** and the next service can be entered into the **Line Item** field.

If a line item needs to be removed, highlight the line by placing the cursor on the line and click **Remove**.

Field Descriptions

- **Item**–Alpha character itemizing the individual service on the POC. Each service has a unique line item character.
- **Procedure**–Code identifying the procedure being requested.
- **Modifier**–Only applicable on certain procedures. This field can be left blank if not relevant.
- **Requested Effective Date**–Date that the case manager requests the services start.
- **Requested End Date**–Date that the case manager requests the services end.
- **Requested Units**–Number of units the case manager requests per calendar month for the service.
- **Requested Dollars**–If both dollars and units are entered, it represents the tier rate for the beneficiary. If only dollars are entered, it represents the dollar amount the case manager requests per calendar month for the service. This amount can be prorated for a partial month.
- **Payment Method**
 - **Authorized Effective Date**–Approved date for the service to start.
 - **Authorized End Date**–Approved date for the service to end.
 - **Authorized Units**–Approved number of units per calendar month for the service.
 - **Authorized Dollars**–If both dollars and units are entered, it represents the approved tier rate per calendar month for the service. If only dollars are entered, it represents the approved dollar amount per calendar month for the service.

- **Servicing Provider**—Number of the provider who is approved to perform the service.

POC Maintenance Notes

The screenshot shows a web browser window titled "Plan of Care Maintenance - Microsoft Internet Explorer provided by EDS COR". The address bar shows the URL "http://128.212.225.201/Provider/Plan%20of%20Care/Maint.asp". The main content area has a blue header bar labeled "Notes". Below this, there is a table with columns "Line Number", "Date", "Clerk", and "Text". An "Add" button is located to the right of the table. Below the table, there is a section labeled "Internal Note" with input fields for "Line Number", "Date", and "Clerk", and a large text area for "Text".

Every POC must be documented in the **Notes** field.

Click **Notes** on the left. The **Internal Note** field appears.

Indicate the date the note is being entered and your user ID.

Tab to the **Text** field and enter the notes information. The **Text** field is limited to 500 characters per note.

Click **Line Items** on the left-hand side to go back to the **POC Maintenance** window.

Field Descriptions

Notes—Communication text between the case manager and the SRS or KHPA approval staff pertaining to a specific line item.

Line Number—Line number of the line item. It is an alpha code and automatically fills once the plan has been submitted to the approver.

Date—Date text is written.

Clerk—ID of the person entering notes.

Text—Content of the communication.

Client Obligation

Use the scroll bar on the right-hand side of the window to move down to the **Client Obligation Provider Line Items** field. Client obligations are assigned to specific providers using this area. If a beneficiary does not have a client obligation, this information can be left blank.

The upper box in the **Client Obligation** section is a summary of the information that is added in the lower box.

If a beneficiary has a client obligation, begin by scrolling up to the **Total Client Obligation** field and highlight the client obligation line and month to be assigned. Make note of the amount.

Scroll down to the **Client Obligation Provider Line Items** field and click the **Serving Provider** field in the lower box. Enter the nine-digit provider number. **Tab** to the next field to enter the provider's alpha location code using upper-case letters. The information being entered appears in the field above.

Type the **Effective Date**, **End Date** and client obligation **Amount** in the appropriate fields. If the beneficiary has different client obligations for different months, always scroll up to the **Total Client Obligation** field and highlight the next client obligation line and month and then scroll back to **Client Obligation Provider Line Items** in order to enter the next client obligation. The information in the **Provider Line Items** box may appear or disappear depending on which line is highlighted in the **Total Client Obligation** field.

Note: The **Effective Date** and **End Date** entered for the client obligation must be within the dates of the specific POC.

If a line has been entered incorrectly, it may be removed by highlighting the line and clicking **Remove**.

At this point, carefully review the information on the POC. If the information is correct, click **Submit** to save the information. Do not repeatedly click **Submit**. Wait to receive either a "Successfully Saved" or "Unsuccessfully Saved" message. Repeatedly clicking submit may create duplicate or extra POCs.

If an error has been made while entering the POC, an “Unsuccessfully Saved” message will appear. The error must be corrected before continuing. See *Appendix C: Error Codes* for the Transaction Error List or call the HCBS Help Desk for more information.

Once the POC has been submitted, the window should be refreshed before making any changes. This may eliminate error messages. Go to the KMAP banner at the top of the window. Move the cursor over POC and click **Inquiry**. Using the search window, enter the beneficiary’s ID to pull up the existing POC.

Once the “Successfully Saved” message appears, continue to the next POC or log off.

Field Descriptions

- **Servicing Provider**—Provider number of the provider who is responsible for collecting the client obligation.
- **Requested Effective Date**—Date the case manager requests services start.
- **Requested End Date**—Date the case manager requests services end.
- **Requested Amount**—Dollar amount the client is responsible for paying, within the requested dates, to the service provider each month.
- **POC Status Info**—Current status of the POC.

Return to POC Search Window

Plan of Care Maintenance - Microsoft Internet Explorer provided by EDS COE

File Edit View Favorites Tools Help

Back Forward Stop Home Search Favorites

Address http://128.212.225.201/Provider/Plan%20of%20Care/maint.asp Go Links

Google Search Web 25 blocked AutoFill Options

Kansas Medical Assistance Program

Main Plan of Care Account Mail-box Help Logout

Friday 22 June 2007 3:05 pm

Plan of Care Maintenance

Plan of Care

PA Number

Case Manager

Agency

Agency Phone

Beneficiary ID

Deinstitutionalized ☐

Last Name

Living Arrangement

Name

Telephone

Provider ID

Program

Date of Birth

Sex

Diverted ☒

County

First Name

Middle Init.

Level of Care

SSN

Eligibility

Benefit Plan

Effective Date

End Date

Type of Review

Reviewer

Indicators

☐ Y/N

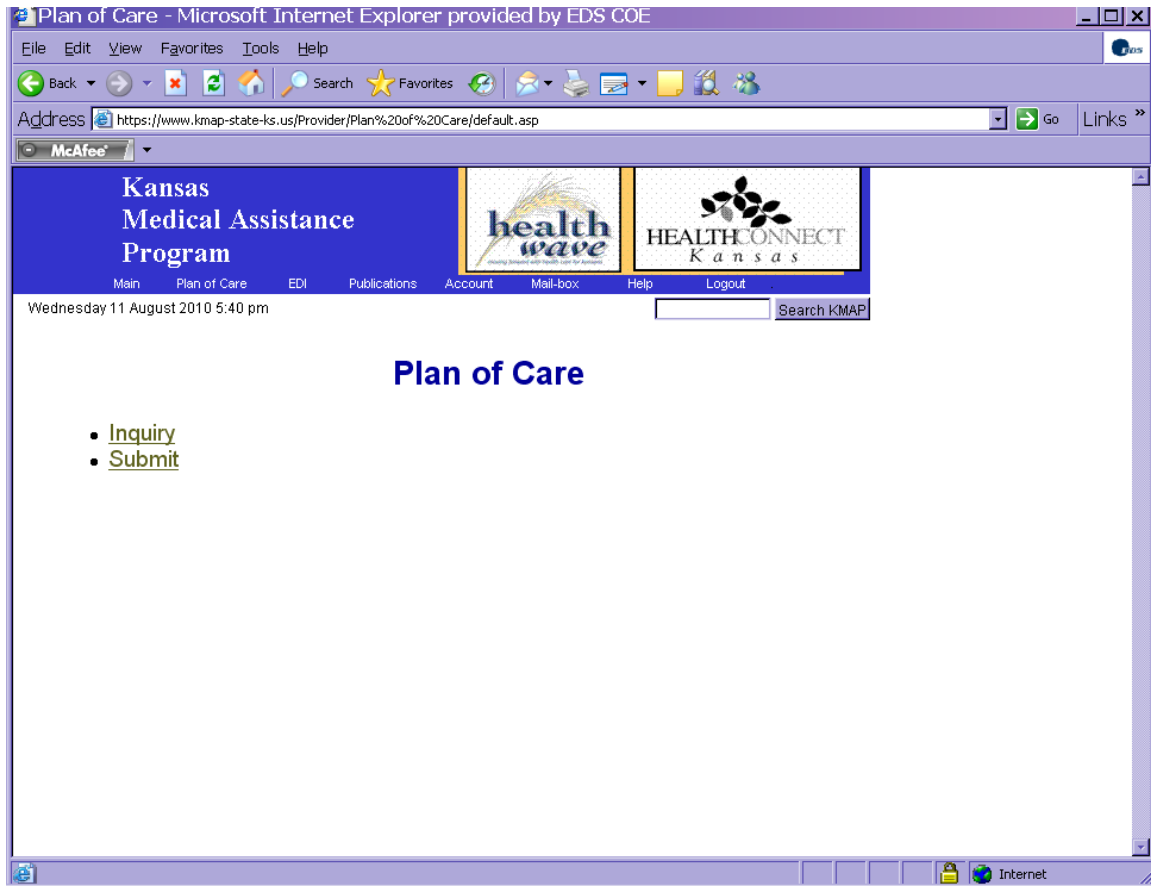
Done Local intranet

To return to the **Plan of Care Search** window, click on **Plan of Care** in the banner at the top of window. Choose **Inquiry** or **Submit**.

Notes

Section 4: Changing an Existing POC

POC Inquiry



All changes and updates are completed using the **Inquiry** option.

Click **Inquiry**.

POC Search

The screenshot shows a web browser window titled "Plan of Care Search - Microsoft Internet Explorer provided by EDS COE". The address bar shows the URL "https://www.kmap-state-ks.us/Provider/Plan%20of%20Care/search.asp". The page features a blue header with the "Kansas Medical Assistance Program" logo and navigation links: Main, Plan of Care, EDI, Publications, Account, Mail-box, Help, and Logout. Below the header, the date "Wednesday 11 August 2010 5:42 pm" is displayed. The main content area is titled "Plan of Care Search" and contains a search form with the following fields: Beneficiary (text input), Program (dropdown menu), Agency (dropdown menu), Reviewer (text input), Review Indicator (dropdown menu), PA Status (dropdown menu), Case Manager (dropdown menu), County (dropdown menu), and Start Date (calendar icon). A "Search" button is located at the bottom of the form. The browser's taskbar at the bottom shows the Internet Explorer icon and the text "Internet".

The search can be as broad or narrow as desired. When more fields are completed, more specific search results will appear. At least one of the following must be used:

- Beneficiary (ID number)
- Beneficiary, Agency, and PA Status
- Case Manager and PA Status
- Reviewer and PA Status

For example, to check the workload for a specific case manager, complete the **Case Manager** and **PA Status** fields and click **Search**.

To check all plans in **Evaluation** status for a specific agency, complete the **Agency** and **PA Status** fields and click **Search**.

Check frequently for any POCs in **Rejected** status. These POCs have been submitted to the approver but were rejected for a specific reason. They require a response before resubmitting.

Only POCs assigned to your agency are available for viewing.

Field Descriptions

- **Beneficiary**—ID number for the beneficiary.
- **Program**—Assignment code that identifies the waiver or WORK program.
- **Agency**—Responsible agency for this POC.
- **Reviewer**—ID of the person assigned to review the POC.
- **Review Indicator**—Type of review:
 - o **I** – Initial
 - o **R** – Review
 - o **A** – Annual
- **PA Status**
 - o **Approved**—Used when a POC has been approved for payment. (Only an approver can do this.)
 - o **Cancelled**—Used when a POC has been entered in error. Often a new, corrected POC is entered. (Only an approver can cancel a POC.)
 - o **Evaluation**—Used when a POC is pending or waiting for review by the approver.
 - o **Modified**—Not used in the current POC system.
 - o **Rejected**—Used when a POC has been sent back from the approver to the case manager for changes or corrections.
- **Case Manager**—ID number for the case manager assigned to the POC.
- **County**—Two-digit county code in which the beneficiary resides.
- **Start Date**—Approved start date of the POC.

Plan of Care Search - Microsoft Internet Explorer provided by EDS COE

Address: https://www.kmap-state-ks.us/Provider/Plan%20of%20Care/search.asp

Kansas Medical Assistance Program

health wave

HEALTHCONNECT Kansas

Main Plan of Care EDI Publications Account Mail-box Help Logout

Wednesday 11 August 2010 5:44 pm

Search KMAP

Plan of Care Search

Beneficiary Program

Agency Reviewer

Review Indicator PA Status

Case Manager County

Start Date

Search

After clicking **Search**, all the POCs meeting the search criteria appear below the **Search** button. When **Previous** or **Next** appears in bright blue print at the bottom of the window, click on the word to move through the list.

Once the desired POC has been found, place the cursor on the **PA Number** field and click once.

Field Descriptions

- **PA Number**—Number assigned to a POC after it has been submitted for approval.
- **Agency**—Responsible agency for this POC.
- **Case Manager**—ID number for the case manager assigned to the POC.
- **Beneficiary**—ID number for the beneficiary.
- **Program**—Assignment code that identifies the waiver or WORK program.
- **Review Indicator**—Type of review.
- **PA Status**—Current status of the POC.
- **Effective Date**—Approved date for the service to start.
- **End Date**—Approved date for the service to end.

POC Maintenance Changes

Plan of Care Maintenance - Microsoft Internet Explorer provided by EDS COE

Address: http://128.212.225.201/Provider/Plan%20of%20Care/maint.asp?sakpa=17536172

Kansas Medical Assistance Program

health wave HEALTHCONNECT Kansas

Main Plan of Care Account Mail-box Help Logout

Friday 22 June 2007 3:08 pm

Plan of Care Maintenance

Plan of Care

PA Number: 212006275001

Case Manager: JENNYH12 Name: Telephone:

Agency: 10000001 Provider ID: 100008100 E Name: CATHOLIC COMMUNIT

Agency Phone: 9136215090 x

Beneficiary ID: 00100435256 Program: HCBS - SED Date of Birth: 02/12/1990 Sex: M

Deinstitutionalized: ☐ Diverted: ☒ County:

Last Name: JONES First Name: KAMARONTE Middle Init.: D

Living Arrangement: HC Level of Care: 250 SSN: 515026779

Eligibility

Benefit Plan	Effective Date	End Date
TITLE XIX (MEDICAID)	08/01/2006	01/31/2007
HCBS Severely Emotionally Disturbed	08/01/2006	01/31/2007
TITLE XIX (MEDICAID)	10/01/2002	04/30/2005
HCBS Severely Emotionally Disturbed	10/01/2002	10/15/2003
TITLE XIX (MEDICAID)	06/01/2002	08/31/2002

The POC appears. As of October 2003, POCs cover time spans, rather than one POC for one month. Plans do not “roll over” to create a new POC for the next month. Rather, one POC remains in effect for the entire time from the **Effective Date** through the **End Date**.

Review the current information. Make any changes on the **POC Maintenance** window by scrolling down towards the bottom of the POC window. Make sure that the correct reviewer’s code is entered in the **Reviewer** box. (This is the person at SRS or KHPA who will approve the POC.)

Field Descriptions

- **Case Manager**—ID number for the assigned case manager.
- **Name**—Automatically fills with the name of the assigned case manager.
- **Telephone**—Automatically fills with the phone number for the assigned case manager.
- **Agency**—Code that represents the responsible agency.
- **Provider ID**—Automatically fills with the provider ID number corresponding to the responsible agency.

- **Name**—Automatically fills with the name of the responsible agency.
- **Agency Phone**—Automatically fills with the responsible agency's phone number.
- **Beneficiary ID**—ID number for the beneficiary.
- **Program**—Assignment code identifying the waiver or WORK program.
- **Date of Birth**—Automatically fills with the beneficiary's date of birth from the eligibility file.
- **Sex**—Automatically fills with the beneficiary's sex code from the eligibility file.
- **Deinstitutionalized**—Checked for beneficiaries who have been in an institution at some point.
- **Diverted**—Checked for beneficiaries who have never been institutionalized.
- **Last Name**—Automatically fills with the beneficiary's last name from the eligibility file.
- **First Name**—Automatically fills with the beneficiary's first name from the eligibility file.
- **Middle Init**—Automatically fills with the beneficiary's middle initial from the eligibility file.
- **Living Arrangement**—Automatically fills with the living arrangement from the eligibility file.
- **Level of Care**—Automatically fills with the level of care code from the eligibility file.
- **SSN**—Automatically fills with the beneficiary's Social Security number from the eligibility file.
- **Eligibility**
 - **Benefit Plan**—Reference *Appendix B: Benefit Plans*.
 - **Effective Date**—Start date of the benefit plan.
 - **End Date**—End date of the benefit plan.
- **Type of Review**
 - **I**—Initial. Use for beneficiary's POC. (**I** is used once per beneficiary.)
 - **A**—Annual. Use at regularly scheduled annual reassessment of beneficiary.
 - **R**—Revised. Use to make revisions at any time other than the initial or annual review.
- **Reviewer**—ID of the person that is assigned to review the POC.

POC Maintenance Changes

Line Items

Units, dollars, or both may be increased at any time. Decrease units and dollars **only** after checking with the HCBS Help Desk (1-800-285-4978, option 5 or 785-274-5499, option 5) or the approver to make sure the change does not affect any paid claims.

The screenshot shows the 'PA Plan of Care Maintenance' application window. At the top, there's a menu bar with 'File' and 'Applications'. Below it, a table lists dates from 10/2003 to 04/2004 with corresponding dollar amounts. To the right, another table shows a date range from 10/01/2003 to 12/31/2299 with a value of 0.00.

The main section is titled 'Line Items' and contains a table with the following data:

Line Items	Item	Procedure	Modifiers	Req Effective	Req End	Units	Dollars	Servicing Provider
A	W1372			10/13/2003	12/31/2299	6.00	0.00	100014660 C
B	W1373			10/13/2003	10/31/2003	1.00	587.87	100325660 A
C	W1373			11/01/2003	12/31/2299	1.00	962.69	100325660 A
D	W1373			10/15/2003	10/31/2003	1.00	83.00	100315030 A
E	W1373			11/01/2003	12/31/2299	1.00	33.00	100315030 A

Buttons 'Add' and 'Display All' are located to the right of the table. Below the table is a detailed view for a selected line item (C):

Line Item: C
 Procedure: W1373
 Modifiers: [] [] [] []
 Requested: Effective Date 11/01/2003, End Date 12/31/2299, Units 1.00, Dollars 962.69, Payment Method Cap Amount
 Authorized: Effective Date 11/01/2003, End Date 12/31/2299, Units 1.00, Dollars 962.69
 Servicing Provider: 100325660 A

At the bottom, there's a section for 'Client Obligation Provider Line Items' and an 'Exit' button.

In the above example, to change the total dollars allowed for line items B and D, enter an end date of 10/31/03 and then add line items C and E. Line item A requires no changes.

When adding line items as in the example above, highlight line item B and click **Add**. The box below empties and a new line item can be entered. Highlight line item D. Click **Add** and a next new line item is added. It is not necessary to click **Add** after the item has been added, only before.

If a line is entered incorrectly, it can be deleted only if there are no paid claims. Highlight the line item and click **Remove** to the right of the field. A warning appears to make sure a line that is associated with a paid claim is not deleted. Using this option, the case manager can enter the line correctly.

PA Plan of Care Maintenance
File Applications

Authorized
Servicing Provider

Client Obligation Provider Line Items

Service Provider	Effective Date	End Date	Amount

Add
Remove

Line Item
Servicing Provider
Effective Date End Date Amount
Requested

Submit

Plan of Care Status Information
Plan of Care Status: Accepted

Exit

When changing the POC or adding new line items always click **Submit** to save changes. This automatically updates the POC to be approved. Do not repeatedly click **Submit**. Wait until a “Successfully Saved” or “Unsuccessfully Saved” message is received. Repeatedly clicking **Submit** may create duplicate or extra POCs.

If an error has been made while entering the POC, an “Unsuccessfully Saved” message appears. The error must be corrected before continuing. Reference *Appendix C: Error Codes* for the Transaction Error List or call the HCBS Help Desk for more information.

Once the POC has been submitted, the status defaults to **Evaluation**.

Once the POC has been submitted, the window should be refreshed before making any changes. This may eliminate error messages. On the KMAP banner at the top of the window, move the cursor over POC and click **Inquiry**. Using the **Search** window, enter the beneficiary’s ID to pull up the existing POC.

The screenshot shows a web browser window titled "Plan of Care Maintenance - Microsoft Internet Explorer provided by EDS COR". The address bar shows "http://128.212.225.201/Provider/Plan%20of%20Care/Maint.asp". The main content area has a "Notes" section with a table header: "Line Number", "Date", "Clerk", and "Text". There is an "Add" button to the right of the table. Below the table is an "Internal Note" section with fields for "Line Number", "Date", "Clerk", and a large "Text" area.

All changes to the POC should be documented in the notes section. Highlight **Notes** and any internal notes appear. Click **Add**. Enter the date and your ID and then add the text. Click **Line Items** when the note is completed.

Changing Client Obligation (HCBS Only)

To change the client obligation, scroll to the **Total Client Obligation** field and highlight the client obligation line and month to be assigned.

Scroll down to the **Client Obligation Provider Line Items** field and click the **Servicing Provider** field in the lower box. Enter the nine-digit provider number. **Tab** to the next field to enter the provider's alpha location code.

Note: Information being entered appears in the field above.

Enter the **Effective Date**, **End Date** and client obligation **Amount** in the appropriate fields. If the beneficiary has different client obligations for different months, scroll up to the **Total Client Obligation** box and highlight the next client obligation line and month and then scroll back to the **Client Obligation Provider Line Items** in order to enter the next client obligation.

If the client obligation is entered in error, highlight the incorrect line and click **Remove**.

When entering the end date on the POC, use the same end date as the **Line Item** date.

If the client obligation has changed to \$0, enter an end date for the previous line and nothing further needs to be done.

Always click **Submit** after removing a line.

After submitting, always refresh the window before making additional changes.

Field Descriptions

- **Servicing Provider**—Number of the provider who is responsible for collecting the client obligation.
- **Requested Effective Date**—Date case manager requests services start.
- **Requested End Date**—Date case manager requests services end.
- **Requested Amount**—Dollar amount client is responsible for paying to the service provider each month within the requested dates.
- **POC Status Info**—Current status of the POC.

Return to POC Search Window

Plan of Care Maintenance - Microsoft Internet Explorer provided by EDS COE

File Edit View Favorites Tools Help

Address http://128.212.225.201/Provider/Plan%20of%20Care/maint.asp

Google Search Web 25 blocked AutoFill Options

Kansas Medical Assistance Program

Main Plan of Care Account Mail-box Help Logout

Friday 22 June 2007 3:09 pm

Plan of Care Maintenance

Plan of Care

PA Number

Case Manager Name Telephone

Agency Provider ID Name

Agency Phone

Beneficiary ID Program Date of Birth Sex

Deinstitutionalized Diverted County

Last Name First Name Middle Init.

Living Arrangement Level of Care SSN

Eligibility

Benefit Plan Effective Date End Date

Type of Review Reviewer

Indicators

Y/N

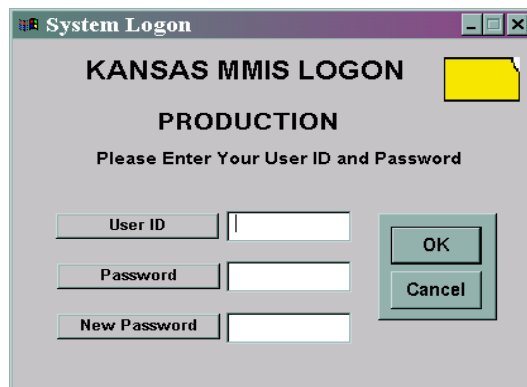
Local intranet

To return to the **Plan of Care Search** window, move the cursor over **Plan of Care** found in the banner at the top of the window. Choose **Inquiry** or **Submit**.

Notes

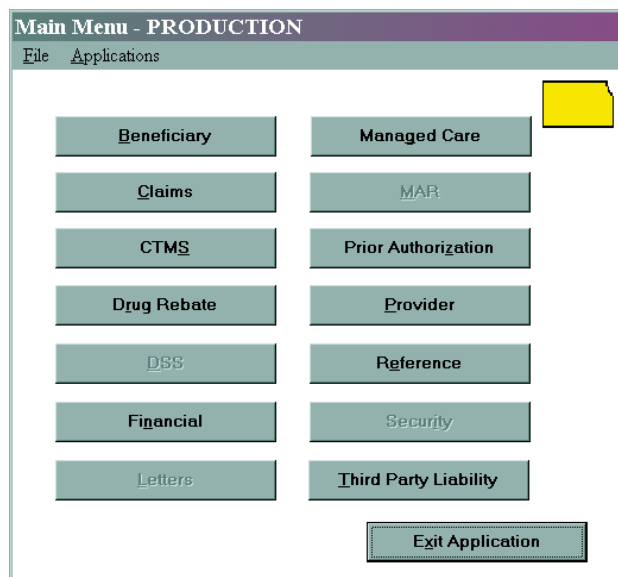
Section 5: Approving an Existing POC

Production



Use interChange MMIS Production to approve POCs. Contact the HP Help Desk if the interChange MMIS Production icon has not been added to your desktop. KHPA security staff assigns user IDs and initial passwords to all approvers.

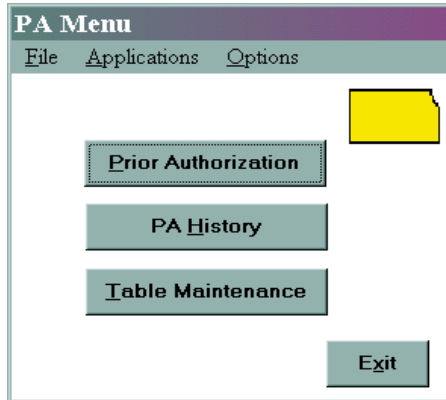
Main Menu



Click **Prior Authorization** to view the POCs.

Click **Prior Authorization**.

PA Menu



The fiscal agent uses the **Prior Authorization** and **Table Maintenance** options.

Approvers use the **PA History** option to view POCs.

All windows stack upon one another and windows cannot be minimized.

Prior Authorization History

Authorized Eff. Date	Authorized End Date	Assignment Code	Provider	Status	Review Ind	Service Code	Bene ID	Line Item	PA Number
----------------------	---------------------	-----------------	----------	--------	------------	--------------	---------	-----------	-----------

Once the **Prior Authorization History** window appears, search for the POCs.

To find a specific beneficiary, enter the **Bene ID**. Tab to **Assignment Code** and use the drop-down box to find the appropriate waiver or WORK service. Click **Search**.

Check your workload by entering your user ID in the drop-down box in the **Reviewer** field. **Tab** to the **Status** field and choose **Evaluation**. Click **Search**. View all the POCs that have been sent for approval.

Once a specific POC has been identified, either double click on that line item or highlight the line and click **Select** at the bottom of the window. The POC appears.

Approvers can also review all POCs for a specific agency or case manager by entering the agency or case manager's number in the appropriate field and using the **Status** field. Click **Search**.

Prior Authorization

The screenshot shows the 'Prior Authorization' window with the following fields and options:

- Provider ID:** 100207950 **Provider Name:** PIKLER GEORG
- Location:** A **Provider Phone:** (918) 584-3604
- Bene ID:** C116838 03 **Birth Date:** 1988/01/29
- Bene Name:** JOLLEY ADAM E
- PA Number:** 012002357003
- Reviewer:** [Empty] **Review Date:** 0000/00/00
- PA Assignment:** ADVANTAGE WAIVER
- PCA Code:** [Empty] **Diagnosis:** [Empty]
- Date Received:** 2002/12/23 **Media Type:** ONLINE
- Clerk Keyed:** YARBRRRT **Add'l Info Req Date:** 0000/00/00
- Date Keyed:** 2002/12/23 **PCCM Referral:** [Empty]
- Analyst:** YARBRRRT **Date Mailed:** 2003/04/23
- Image Ind:** N **Print Option:** No Print

Buttons and checkboxes at the bottom:

- Non Medicaid Prov** (button)
- Line Item** (button)
- Inquire PA Number** (label)
- Inquire** (button)
- New** (button)
- Save** (button)
- Exit** (button)
- Checkboxes: ☐ Admin Review, ☐ Internal Text, ☐ Appeals, ☐ Emergency Supply, ☒ Analyst Remarks, ☐ Super PA

The **Prior Authorization** window identifies basic information about the POC. The case management agency is shown, along with the beneficiary's name and ID number. The PA number, waiver or WORK program, clerk ID, and date the POC was entered is also here.

A check mark in the **Internal Text** field indicates there are notes attached to this POC. (The other options in this box are for use by the fiscal agent.) As users enter or make changes to the POCs through the KMAP website, they are required to enter documentation in the **Notes** field. View these notes by double clicking on the words **Internal Text**.

Internal Text

The screenshot shows a window titled "Internal Text Maintenance" with a menu bar (File, Edit, Applications). Below the menu bar is a label "Internal Text Associated with PA" followed by a text box containing "2003000000".

Date Entered	Clerk ID	Description
2003/11/14	200000	Line items D-E are duplicates but line item D is a different amount? Client obligation is not assigned correctly.
2003/11/12	000000	Annual update. Tier change 1 to 2. Monthly obligation

At the bottom of the window are three buttons: "New", "Save", and "Exit".

This information helps approvers determine the appropriateness of the POC and provides calculations to explain total costs. Notes appear in chronological order with the most recent notes first. Use the scroll bar on the right side of the window to view all the notes related to the POC.

Within this window, also note any actions to the POC. Click **New**. The date and approver's user ID will appear in the fields. Enter any comments about this POC. Click **Save** and then **Exit** to return to the **Prior Authorization** window.

Once at the **Prior Authorization** window, click on **Line Item** to view the POC.

POC Maintenance

Production

PA Plan of Care Maintenance

File Edit Applications

PA Number: 002003091001 Beneficiary ID: A033702 02 Beneficiary Name: DRY, NAOMI G Program: HCBS - PD

Agency Code	Agency Phone	Case Manager	Case Manager Name	Case Manager Phone	Review Ind	Reviewer	Status
12345678	785-827-9383	19999999	Janice Washburn	501-366-6555	Annual	YARBRR1x	Evaluation

Total Monthly Cost		Waiver Indicator	
Month	Amount	Waiver Ind	Criteria
2003/04	\$66.91		
2003/05	\$67.50		
2003/06	\$9.50		

Requested				Authorized					
Line Item	Service	Dates	Units	Amount	Dates	Units	Amount	Service Provider	Price Method
A	A0080	2003/04/03-2003/05/03	5.00	\$0.00	2003/04/01-2003/04/30	5.00	\$0.00	100207950A	Pay System Price
B	0001T LL	2003/04/15-2003/05/15	0.00	\$5.25	2003/05/01-2003/05/31	0.00	\$5.25	100207950A	Pay System Price
C	00670	2003/04/30-2003/05/31	56.00	\$0.00	2003/06/01-2003/06/30	56.00	\$0.00	100207950A	Pay System Price
D	00544	2003/04/28-2003/05/28	7.00	\$0.00	2003/01/01-2003/01/30	0.00	\$0.00	100207950A	Pay System Price
E	00100	2003/04/01-2003/04/30	0.00	\$61.66	2003/01/01-2003/01/30	0.00	\$0.00	100207950A	Pay System Price

Client Obligation		
Month	Amount	Service Provider
2003/04	50.00	100207950A
2003/04	50.00	100207950A
2003/04	50.00	100207950A

Save New Show Modified HCBS Web Exit

This window displays the POC entirely. The window includes:

- PA number
- Beneficiary's ID number and name
- Program (waiver or WORK)
- Agency code and phone
- Case manager/data entry clerk's ID number, name and phone number
- Review indicator
- Reviewer's name
- Status
- Total monthly cost
- Waiver or WORK indicator questions
- Services (line items)
- Assigned client obligation

The **Total Monthly Cost**, **Waiver** or **WORK Indicator** and **Client Obligation** fields have scroll bars on the right-hand side when additional information is available.

Highlight the month to be viewed in the **Total Monthly Cost** box. All line items associated with that month appear in the **Line Item** box. Line items can be identified by the procedure code and are divided in sections as **Requested** and **Authorized**.

Use the drop-down options in the **Status** field to **Approve**, **Reject** or **Cancel** POCs. Only use the **Cancel** option when the whole POC is invalid and there has been verification that no claims have paid against the POC. POCs cannot be deleted. Other options in the drop-down box are for use by the fiscal agent and not applicable to POCs.

To make a change in the POC, click the **HCBS Web** button at the bottom of the window. However, if the approver is making a change, the **Status** on the **POC Maintenance** window must be **Evaluation** *before* making the change using the KMAP website. Following these steps causes fewer errors to occur.

Web

The screenshot shows a web browser window titled "Plan of Care Maintenance - Microsoft Internet Explorer provided by EDS COE". The address bar shows the URL: <http://128.212.225.201/Provider/Plan%20of%20Care/maint.asp>. The page features a blue header with the "Medical Assistance Program" logo and navigation links: Main, Plan of Care, Account, Mail-box, Help, Logout. Below the header, the date and time "Friday 22 June 2007 3:11 pm" are displayed. The main content area is titled "Plan of Care Maintenance" and contains a form for entering POC details. The form includes fields for PA Number, Case Manager (dropdown), Agency (dropdown), Agency Phone, Beneficiary ID, Program (dropdown), Date of Birth, Sex, Deinstitutionalized (checkbox), Diverted (checkbox), County (dropdown), Last Name, First Name, Middle Init., Living Arrangement, Level of Care, and SSN. A table at the bottom of the form is used for tracking POC status and review. The table has columns for Eligibility, Benefit Plan, Type of Review, Indicators, Status, Effective Date, End Date, and Reviewer. The "Status" dropdown is currently set to "Evaluation".

Eligibility	Benefit Plan	Type of Review	Indicators	Status	Effective Date	End Date	Reviewer
	Approved						
	Cancelled						
	Denied						
	Evaluation						
	Rejected						
	Modified						

The **Plan of Care Maintenance** window is where case managers enter POCs.

The screenshot shows the 'Plan of Care Maintenance' window in Microsoft Internet Explorer. The window is divided into several sections. At the top, there's a 'Monthly Cost' table with columns for 'Month' and 'Cost'. Below that is a 'Total Client Obligation' table with columns for 'Effective Date', 'End Date', and 'Total Client Obligation'. The main section is 'Line Items', which contains a table with columns: 'Line Item', 'Procedure', 'Modifiers', 'Req Effective', 'Req End', 'Units', 'Dollars', and 'Servicing Provider'. A 'Display All' button is next to the table. Below the table, there's a detailed view of a line item with fields for 'Item', 'Procedure', 'Modifiers', 'Effective Date', 'End Date', 'Units', 'Dollars', 'Payment Method', 'Requested', 'Authorized', and 'Servicing Provider'.

Month	Cost
05/2003	8000.00

Effective Date	End Date	Total Client Obligation
12/01/2002	12/31/2299	0.00

Line Item	Procedure	Modifiers	Req Effective	Req End	Units	Dollars	Servicing Provider
A	W1379		05/01/2003	05/31/2003	1.00	0.00	100002650 L

Line Item: A
 Procedure: W1379
 Modifiers:
 Effective Date: 05/01/2003
 End Date: 05/31/2003
 Units: 1.00
 Dollars: 0.00
 Payment Method:
 Requested:
 Authorized:
 Servicing Provider: 100002650 L

Line items can be changed using this window.

Make any changes as appropriate. Reference *Section 4: Changing an Existing POC* for specific instructions on making changes.

Continue to scroll down through the POC.

The screenshot shows the 'Plan of Care Maintenance' window in Microsoft Internet Explorer, scrolled down to the 'Client Obligation Provider Line Items' section. This section contains a table with columns: 'Service Provider', 'Effective Date', 'End Date', and 'Amount'. Below the table are 'Add' and 'Remove' buttons. At the bottom, there's a 'Submit' button and a 'Plan of Care Status Information' section showing 'Plan of Care Status: Accepted'.

Service Provider	Effective Date	End Date	Amount
------------------	----------------	----------	--------

Line Item:
 Servicing Provider:
 Effective Date:
 End Date:
 Amount:
 Requested:
 Authorized:
 Servicing Provider: 100002650 L

Plan of Care Status Information
 Plan of Care Status: Accepted

Client obligation can be changed.

Make any changes as appropriate. Reference *Section 4: Changing an Existing POC* for specific instructions on making changes.

POC Maintenance Notes

The screenshot shows a web browser window titled "Plan of Care Maintenance - Microsoft Internet Explorer provided by EDS COE". The address bar displays "http://128.212.225.201/Provider/Plan%20of%20Care/Maint.asp". The main content area has a blue header bar labeled "Notes". Below this header is a table with the following columns: "Line Number", "Date", "Clerk", and "Text". To the right of the table is an "Add" button. Below the table, there is a section labeled "Internal Note" which contains four input fields: "Line Number", "Date", "Clerk", and a large "Text" area for entering the note content.

Approvers can make comments on the POC when accessing it from the KMAP website, as well as from the **Prior Authorization** window in production. To add notes and comments, click on **Notes** on the left. The **Internal Note** field appears. Notes appear in chronological order with the most current note at the bottom.

Highlight the last entry in the **Notes** field. Click **Add**.

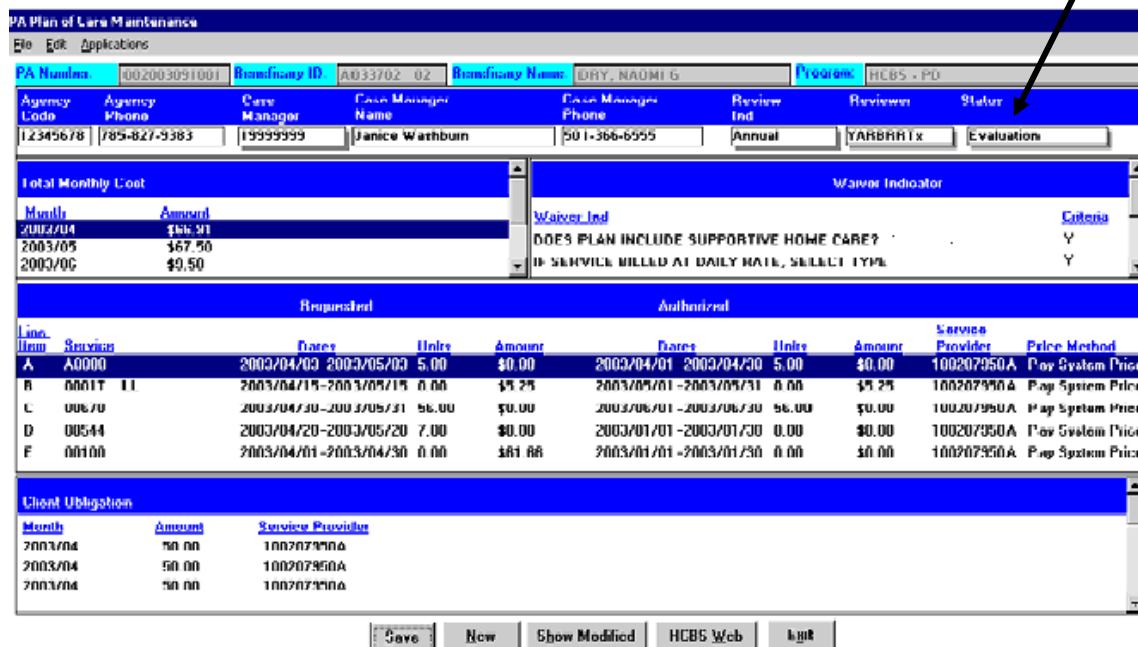
The **Internal Note** field empties any previous information. Indicate the line item and ID number of the approver entering the note along with the date it is being entered.

Tab to the **Text** field and enter the note information. The **Text** field is limited to 500 characters per note.

Click **Line Items** on the left to return to the **POC Maintenance** window.

Always select **Submit** before leaving a POC. This ensures information added or changed has been updated.

POC Maintenance Approval



PA Plan of Care Maintenance

File Edit Applications

PA Number: 002003091001 Beneficiary ID: A033702-02 Beneficiary Name: DRY, NAOMI G Program: HCBS - PD

Agency Code: 12345678 Agency Phone: 785-827-3383 Care Manager: 15555555 Case Manager Name: Janice Warburton Case Manager Phone: 501-366-6555 Review Ind: Annual Reviewer: YAKBHH1x Status: Evaluation

Total Monthly Cost

Month	Amount
2003/04	\$66.91
2003/05	\$67.50
2003/06	\$0.50

Waiver Indicator

Waiver Ind: DOES PLAN INCLUDE SUPPORTIVE HOME CARE? Criteria: Y

IF SERVICE WILL BE AT DAILY RATE, SELECT TYPE: Y

Line Item	Service	Start Date	End Date	Units	Amount	Start Date	End Date	Units	Amount	Service Provider	Price Method
A	A0000	2003/04/03	2003/05/03	5.00	\$0.00	2003/04/01	2003/04/30	5.00	\$0.00	100207950A	Pay System Price
B	0001T II	2003/04/15	2003/05/15	0.00	\$5.25	2003/05/01	2003/05/31	0.00	\$5.25	100207950A	Pay System Price
C	00670	2003/04/30	2003/05/31	56.00	\$0.00	2003/06/01	2003/06/30	56.00	\$0.00	100207950A	Pay System Price
D	00544	2003/04/20	2003/05/20	7.00	\$0.00	2003/07/01	2003/07/30	0.00	\$0.00	100207950A	Pay System Price
F	00100	2003/04/01	2003/04/30	0.00	\$61.66	2003/01/01	2003/01/30	0.00	\$0.00	100207950A	Pay System Price

Client Obligation

Month	Amount	Service Provider
2003/04	\$0.00	100207950A
2003/04	\$0.00	100207950A
2003/04	\$0.00	100207950A

Save New Show Modified HCBS Web Exit

Return to the **PA Plan of Care Maintenance** window to change the status of the POC using the **Status** drop-down box. Always refresh the window to be sure changes appear. To refresh the window, click **Exit** at the bottom of the window to close. Once at the **Prior Authorization** window, click **Line Item**. This refreshes the **POC Maintenance** window to include any changes.

Always click **Save** before closing the window.

Viewing Paid Claims

Prior Authorization History

File Edit Applications Options

Bene ID: [] Provider: [] Location: [] Service Provider: [] Location: []

Analyst: [] Reviewer: [] Assignment Code: []

Agency: [] Case Manager: [] County: []

Service Type: [] Service: [] Thru Service: [] Status: [] Search

From Date: 0000/00/00 Thru Date: 0000/00/00 Review Ind: []

From Diag: [] Thru Diag: []

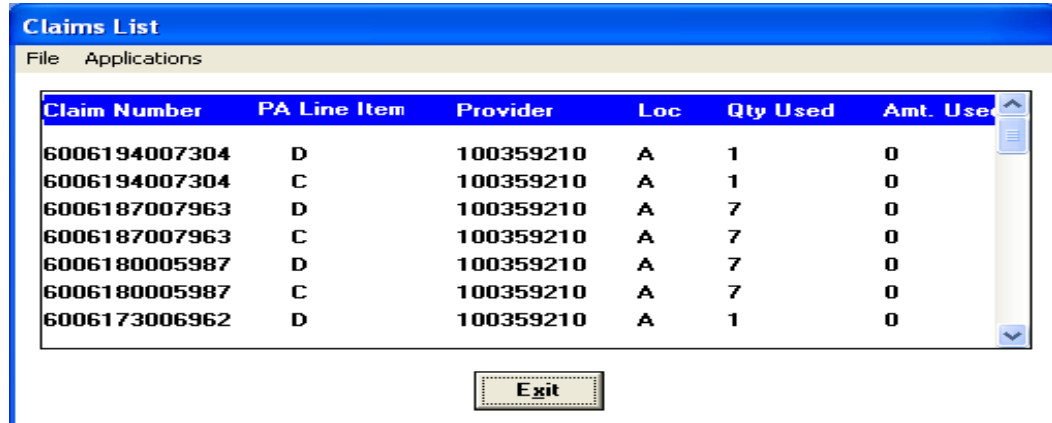
Authorized Eff. Date	Authorized End Date	Assignment Code	Provider	Status	Review Ind	Service Code	Bene ID	Line Item	PA Number
----------------------	---------------------	-----------------	----------	--------	------------	--------------	---------	-----------	-----------

New Select Claims New Contact Contact Search Exit

As part of the process, approvers occasionally need to review paid claims. These can be viewed by returning to the **Prior Authorization History** window.

Highlight the POC to be reviewed and click **Claims** at the bottom of the window.

Claims List



Claim Number	PA Line Item	Provider	Loc	Qty Used	Amt. Used
6006194007304	D	100359210	A	1	0
6006194007304	C	100359210	A	1	0
6006187007963	D	100359210	A	7	0
6006187007963	C	100359210	A	7	0
6006180005987	D	100359210	A	7	0
6006180005987	C	100359210	A	7	0
6006173006962	D	100359210	A	1	0

Exit

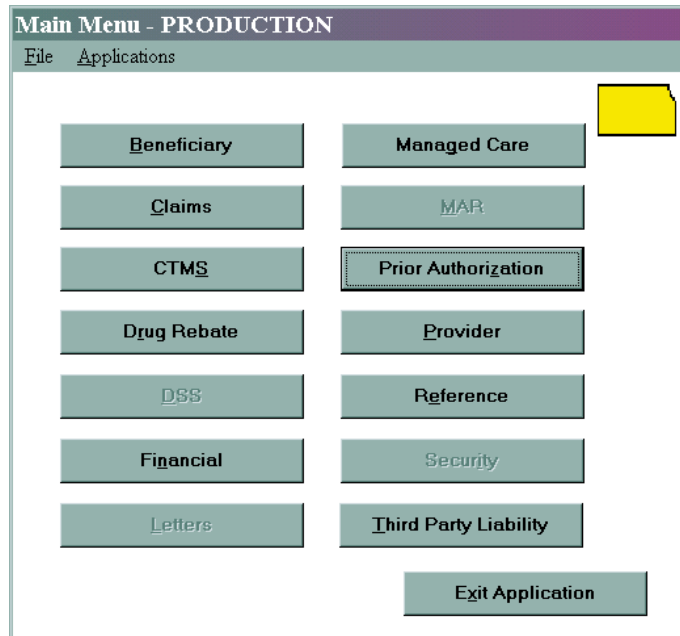
The **Claims List** window appears. All claims associated with the POC appear with the internal control numbers (ICNs) and the **PA Line Item** letters from the POC. If a scroll bar appears on the right-hand side of the window, scroll down to view additional entries. Double-click the ICN to view the claim.

Refer to the interChange MMIS training manual for assistance in reading claims.

Use **Exit** to close this window and return to the **Prior Authorization** window.

Section 6: Logoff

Use the **Exit** button at the bottom of each window to close the window.



Click **Exit Application** on the Main Menu to log off of the interChange MMIS.

Appendix A: Kansas County Codes

AL	Allen	GL	Greeley	OB	Osborn
AN	Anderson	GW	Greenwood	OT	Ottawa
AT	Atchison	HM	Hamilton	PN	Pawnee
BA	Barber	HP	Harper	PL	Phillips
BT	Barton	HV	Harvey	PT	Pottawatomie
BB	Bourbon	HS	Haskell	PR	Pratt
BR	Brown	HG	Hodgeman	RA	Rawlins
BU	Butler	JA	Jackson	RN	Reno
CS	Chase	JF	Jefferson	RP	Republic
CQ	Chautauqua	JW	Jewell	RC	Rice
CK	Cherokee	JO	Johnson	RI	Riley
CN	Cheyenne	KE	Kearney	RO	Rooks
CA	Clark	KM	Kingman	RH	Rush
CY	Clay	KW	Kiowa	RS	Russell
CD	Cloud	LB	Labette	SA	Saline
CF	Coffey	LE	Lane	SC	Scott
CM	Comanche	LV	Leavenworth	SG	Sedgewick
CL	Cowley	LC	Lincoln	SW	Seward
CR	Crawford	LN	Linn	SN	Shawnee
DC	Decatur	LG	Logan	SD	Sheridan
DK	Dickinson	LY	Lyon	SH	Sherman
DP	Doniphan	MN	Marion	SM	Smith
DG	Douglas	MS	Marshall	SF	Stafford
ED	Edwards	MP	McPherson	ST	Stanton
EK	Elk	ME	Meade	SV	Stevens
EL	Ellis	MI	Miami	SU	Sumner
EW	Ellsworth	MC	Mitchell	TH	Thomas
FI	Finney	MG	Montgomery	TR	Trego
FO	Ford	MR	Morris	WB	Wabaunsee
FR	Franklin	MT	Morton	WA	Wallace
GE	Geary	NM	Nemaha	WS	Washington
GO	Gove	NO	Neosho	WH	Wichita
GH	Graham	NS	Ness	WL	Wilson
GT	Grant	NT	Norton	WO	Woodson
GY	Gray	OS	Osage	WY	Wyandotte

Appendix B: Benefit Plans

- Aids Drug Assistance Program – Full Benefits
- Aids Drug Assistance Program – Tracking Only
- Expanded LMB – Stand Alone
- Foster Care Adoption
- Foster Care
- Foster Care Severely Emotionally Disturbed
- Family Preservation
- HCBS Autism Waiver
- HCBS Developmentally Disabled
- HCBS Frail Elderly
- HCBS Head Injury
- HCBS Physically Disabled
- HCBS Severely Emotionally Disturbed
- HCBS Technology Assisted
- HealthConnect
- Hospice
- HealthWave 19 Dental
- HealthWave 19 Medical
- HealthWave 19 Mental Health
- HealthWave 21 Dental
- HealthWave 21 Medical
- HealthWave 21 Mental Health
- Punitive Lock-In
- Low-Income Medicare Beneficiary – Dual
- MediKan
- Medically Needy
- Program of All-Inclusive Care for the Elderly
- Qualified Medicare Beneficiary
- Qualified Disabled Working Individual – Stand Alone
- Sixth Omnibus Bill Reconciliation Act

- Tuberculosis
- Title XIX
- Title XXI (MCO) or Title XXI
- Work Opportunities Reward Kansans

Appendix C: Error Codes

Transaction Error List

Error Range

1-999	General errors that prohibit the application from running.
1000-1999	Data edit/validation errors. The data may be changed and resubmitted.
2000-2999	Data retrieval errors. The data found in the database doesn't fit the defined data model. The database must be corrected to get past this error.
4000-4999	Prior authorization data edit/validation errors. These errors are returned by the validation routine for prior authorizations. The data may be changed and resubmitted.
8000-8999	Internal configuration errors. Report these errors to the fiscal agent.
9000-9999	Database errors. Report these errors to the fiscal agent.

Error Code	Attribute	Message	User Action
1	db_connect	Unable to connect to database.	Additional error messages may provide more information. Report this and all other messages to the system administrator.
2	db_connect	DB user id not set.	Report this to the system administrator.

1001	Fname	Invalid code specified.	Change the value of <fname> and resubmit.
1002	Fname	Invalid date.	Change the value of <fname> and resubmit.
1003	fname	Too many characters in value.	Change the value of <fname> and resubmit.
1004	init_select_fields	No search criteria specified.	Change the value of <fname> and resubmit.
1010	PatientLiab	Field value is missing.	Change the value of patientLiab and resubmit.
1011	Recipient	Missing recipient.	Add a recipient and resubmit.

1012	Provider	Missing provider.	Add a provider and resubmit.
1013	PatientLiab	Unknown patient liability.	Change the value of patientLiab and resubmit.
1014	PatientLiab	Dates out of range.	The dates specified for the obligation are out of the range of the dates for PatientLiab. Change values for patientLiab, dateEffective, or dateEnd and resubmit.
1015	DateEnd	Missing or invalid date.	Change the value of obligation dateEnd and resubmit.
1016	DateEnd	Invalid date range.	The obligation ending date is earlier than the effective date. Change the date range and resubmit.
1017	DateEnd	Date out of range of line item.	The obligation end date is later than the detail authorized end date. Change the value of the obligation dateEnd and resubmit.
1018	DateEffective	Missing or invalid date.	Change the value of the obligation dateEffective and resubmit.
1019	DateEffective	Date out of range of line item.	The obligation effective date is earlier than the detail authorized effective date. Change the value of the obligation dateEffective and resubmit.
1020	ClientObligationProv	Unknown provider liability.	The patient liability provider could not be found. Change the liability values and resubmit.
1021	CdeServiceLoc	Missing service location.	Change the value of cdeServiceLoc and resubmit.
1022	Amt_patnt_liab	Missing or invalid amount.	Change the obligation amount and resubmit.
1023	Amt_patnt_liab	Liability not equal to month amount.	Change the liability amounts and resubmit.
1024	IdClerkEntry	Missing or invalid id.	Change the ID and resubmit.
1025	Indicator	Missing or invalid indicator.	Change the indicator and resubmit.
1026	User_agency	Invalid agency for clerk.	Change the agency and resubmit.
1027	AmtPaReq	Total cannot be less than amount used.	Change the amount(s) and resubmit.
1028	PaReqEff	Date below date of service.	Change the date and resubmit.

1029	UntSvcReq	Total cannot be less than the number used.	Change the unit(s) and resubmit.
1030	Procedure	Benefit not covered for item: n.	Change the procedure or have the procedure added as a covered benefit.
1031	Fname	Benefit not covered for item: n.	Change the date and resubmit.
1032	PaReqEnd	Benefit not covered for item: n.	Change the date and resubmit.
1033	Assignment Code	Beneficiary not eligible for program.	Change the assignment code and resubmit.
1034	paReqEff	Program not available when requested.	Change the date and resubmit.
1040	dateEffective	Provider Obligation start date is missing or invalid.	Change the date and resubmit.
1041	dateEffective	Provider Obligation start date must be the first day of the month.	Change the date and resubmit.
1042	dateEffective	Provider Obligation start date is before the Client Obligation start date.	Change the date and resubmit.
1043	dateEffective	Provider Obligation start date is after the Client Obligation end date.	Change the date and resubmit.
1044	dateEnd	Provider Oblig. end date must be month-end or same as Client Oblig. end date.	Change the date and resubmit.
1045	Delete_detail	Unable to delete detail - claim information found: n-n.	A detail cannot be deleted if there are any claims against it.
1046	clientObligationProv	Unable to delete obligation: Unknown provider liability.	Specify a valid obligation.
1047	Delete_detail	Unable to delete detail – detail not found: n.	Specify an existing detail.
1048	Svc_overlap	Overlapping procedures: n and n.	Change the date and resubmit.

1049	Check_liab_prov_duplicates	Overlapped obligation for <provider> during <dates>.	Change the date and resubmit.
1050	Procedure	Benefit is not a known covered benefit: item n.	Change the procedure and resubmit.
1051	Procedure	Benefit is not for an HCBS program: item n.	Change the procedure and resubmit.
1052	Procedure	Benefit is not available during the dates specified: item n.	Change the date range and resubmit.
1053	Procedure	Recipient is not eligible for HCBS benefits: item n.	An HCBS benefit must be added to the recipient's eligibilities.
1054	Procedure	Recipient is not eligible for HCBS benefits for the date specified: item n.	Change the date range and resubmit.
1055	Procedure	Recipient is not eligible for the specified benefit: item n.	Change the procedure and resubmit.
1056	delete_item	Unable to delete item - item not found: n.	Specify a different item and resubmit.

2001	clientObligationProv	Missing patient liability for details.	The missing data must be entered into the database.
2002	NumPaLineItemDtl	Record not found.	The line item detail record is not available. The missing record must be entered into the database.
2003	NumPaLineItem	Record not found.	The line item record is not available. The missing record must be entered into the database.
2004	priorAuthorization	Record not found.	The prior authorization record is not available. The missing record must be entered into the database.
2005	PaIntText	Record not found.	The internal text record is not available. The missing record must be entered into the database.

4???	<fname>	<pa specific error message>	Change the value of <fname> and resubmit.
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8001	<value>	Invalid actionCode specified.	Report this to the system administrator.
8002	XsdValidateAndPrepare	Error during preparation.	Report this to the system administrator.
8003	XsdDatabaseLoad	Error during update.	Report this to the system administrator.
8004	Load_target_pa	Error during database unload.	Report this to the system administrator.
8005	Load_target_pa	Missing sak_pa key value.	Report this to the system administrator.
8006	Root	Missing or invalid source.	Report this to the system administrator.
8007	Indicator	Missing or invalid indicator.	Report this to the system administrator.
8008	T_covered_benefits	Benefit table overflow for item: n.	Report this to the system administrator.

9001	CONNECT	<database specific error message>	Report this to the system administrator.
9002	FETCH:<routine>	<database specific error message>	The routine name and the database message should be reported.
9003	CLOSE:<routine>	<database specific error message>	The routine name and the database message should be reported.
9004	CURSOR:<routine>	<database specific error message>	The routine name and the database message should be reported.
9010	Process_obligations	<database specific error message>	The attribute and the database message should be reported.
9011	Edit_sak_pat_liab	<database specific error message>	The attribute and the database message should be reported.
9012	New_paLineItem	<database specific error message>	The attribute and the database message should be reported.
9013	New_paLineItemDtl	<database specific error message>	The attribute and the database message should be reported.
9014	Agency_is_valid	<database specific error message>	The attribute and the database message should be reported.
9015	Do_other_pa_info_	<database specific error message>	The attribute and the database message should be reported.

9016	Get_clerk_type	<database specific error message>	The attribute and the database message should be reported.
9017	T_pa_item_dtl_xref	<database specific error message>	The attribute and the database message should be reported
9018	Indicator	<database specific error message>	The attribute and the database message should be reported.
9019	Update_indicator	<database specific error message>	The attribute and the database message should be reported.
9020	Create_alert: t_cde_alert	<database specific error message>	The attribute and the database message should be reported.
9021	Create_alert: t_re_alert	<database specific error message>	The attribute and the database message should be reported.
9022	Update_preEntryStat	<database specific error message>	The attribute and the database message should be reported.
9023	T_covered_benefit	<database specific error message>	The attribute and the database message should be reported.

When reporting errors, include all of the information from the message.

Appendix D: Resources

Phone Numbers

HCBS Help Desk	1-800-285-4978 785-274-5499, option 5
New User Applications, HP Security	785-274-4220
Provider Assistance/Customer Service	1-800-933-6593